

Minnesota Bureau of Criminal Apprehension
1430 Maryland Avenue East, Saint Paul, Minnesota 55106

DATA REQUEST BY PARENT OR GUARDIAN

Please **PRINT** all information except where a signature is required.

MINOR CHILD/INDIVIDUAL UNDER GUARDIANSHIP

Name: _____
Last First Middle

Other names (including aliases, birth name, nicknames, maiden name, etc.): _____

Date of birth: _____
Month Day Year (MM/DD/YYYY)

PARENT/GUARDIAN REQUESTING DATA

Name: _____
Last First Middle

Address: _____
Street Apt. /Suite #

City

State

Zip Code

Description of data requested: _____

Time period of data requested (if applicable): _____

I would like to (check one):
☐ inspect (look at) the requested data at the BCA (no charge)
☐ receive copies of the requested data (a fee may apply)

_____ I am the natural parent of the minor child identified above and that my parental rights are not terminated. I have attached a *certified* copy of the child's birth certificate.

_____ I am the adoptive parent of the minor child identified above and that my parental rights are not terminated. I have attached a *certified* copy of the adoption decree.

_____ I am currently the foster parent of the minor child identified above. I have attached a *certified* copy of the unexpired foster care contract.

_____ I am currently the legal guardian of the ward identified above. I have attached a *certified* copy of the court order appointing me as guardian.

Telephone: () _____ Email: _____

Signature: _____

Signed or attested before me this _____ day of _____, 20____ by _____

Signature of Notary Public: _____

My commission expires: _____

For BCA use only — Identity verified by valid, government-issued photo ID: _____
(Initials of staff member)